

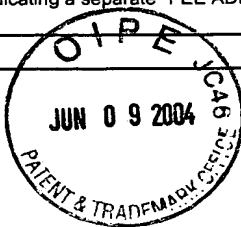
FEE(S) TRANSMITTAL

Express Mail No. EV 456 933 619 US

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advanced orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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JONES DAY
222 East 41st Street
New York, New York 10017



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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTY'S DOCKET NO.	CONFIRMATION NO.
09/821,139	March 29, 2001	Laura S. Lehman	7960-131	5628

TITLE OF INVENTION NASAL ADMINISTRATION OF AGENTS FOR THE TREATMENT OF GASTROPARESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	Yes	\$665.00	\$300.00	\$965.00	June 10, 2004

EXAMINER	ART UNIT	CLASS-SUB CLASS
Haghighatian, Mina	1616	424-045000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

1. Jones Day

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:
Questcor Pharmaceuticals, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Union City, California

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee
☒ Advanced Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) enclosed
☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form).

COMMISSIONER FOR PATENTS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

Roger C. Rich

(Date)

Attorney: Roger C. Rich Reg No. 54,398

June 9, 2004

For: Anthony M. Insogna (Reg. No. 35,203)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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06/15/2004 WABRHM2 00000043 503013 09821139

01 FC:2501 665.00 DA
02 FC:1504 300.00 DA
03 FC:8001 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (REV. 04-02) Approved for use through 01/31/2004. OMB 0651-0033

502968-1

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



Express Mail No. EV 456 933 619 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: *Lehman et al.*

Confirmation No. 5628

Serial No. 09/821,139

Group Art Unit: 1616

Filed: March 29, 2001

Examiner: Haghighatian, Mina

For: NASAL ADMINISTRATOR OF
AGENTS FOR THE TREATMENT
OF GASTROPARESIS

Attorney Docket No 7960-131-999

TRANSMITTAL OF ISSUE FEE PAYMENT

Mail Stop: ISSUE FEE

Commissioner for Patents

P.O. Box 1450

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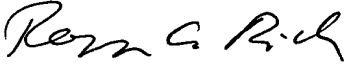
Sir:

In accordance with the Notice of Allowance and Fee(s) Due mailed March 10, 2004, applicants' attorney submits herewith form PTOL-85 in connection with the above-identified application.

The Commissioner is hereby authorized to charge any fees associated with this communication to our Deposit Account No. 503013 (order no. 808554-999131). A copy of this sheet is included for such purpose.

Respectfully submitted,

Date: June 9, 2004



Roger C. Rich 54,398
(Reg. No.)
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